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## DEPARTMENT OF PUBLIC HEALTH NURSING

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### THE FLORENCE NIGHTINGALE PLAY

**P**ROFESSOR Harold Hillebrand, whose play was awarded the prize in the Florence Nightingale Play Competition sends the following letter in response to an inquiry about the special problems he endeavored to solve in the construction of his play:

In my play on Florence Nightingale, I subordinated everyone and everything to my heroine. One would inevitably do that with Florence. She had a lordly personality. In herself she is as fine a subject for dramatic study as one could ask for, because of the many strongly marked phases, clashing phases oftentimes, of her character—confidence and weakness, tenderness and cruelty, love and jealousy, humor and vast seriousness. One could both love and fear her, and seemingly one often did. One could also hate her—I suppose Dr. Andrew Smith and Sir John Hall did hate her, piously. But if her character is rich material for the dramatist, her career is exasperating. One could presumably write a play first about the Crimea, but how narrow and false a picture that would give of the great administrator and lifelong enemy of the War Office. But if one lets in even a glimpse of the Crimea, everything else seems dusty and humdrum. It is perhaps an insoluble problem. My own attempt was a lame compromise.

When one deals with a celebrated figure, which has crystallized into an attitude, one must respect, to some degree at least, tradition. Now the most vital tradition about Florence Nightingale is summed up in Longfellow's poem. "The Lady of the Lamp"—who could have the heart to leave out the lamp? So I built the play about a purely pictorial and traditional moment—that at the end of Act III, when Florence, after a terrible day of unloading wounded soldiers, sets off in the dead of night to make her rounds of the crowded hospital, her lamp throwing a dim glory about her face. For the rest, the play is a kind of descriptive chronicle. The first three acts are close knit in time and action, carrying her from the outbreak of war to her hospital at Scutari. The last is a kind of pendant, laid two years after the war, and in it I have tried, by focussing on a duel between Florence and Lord Panmure over the reconstruction of the Medical Department of the War Office, to give a hint of the long years of untiring labor that came after the Crimea. For an understanding of Florence Nightingale that last act is necessary; from a dramatic point of view, however, I am afraid it is open to challenge.

As to "high lights," I am not sure what they are, if they exist. I think probably the third act, which represents a hospital at night during the rush of unloading wounded men, is richest in emotional and dramatic possibilities. A large part of the action there is wordless. But undoubtedly the highest light of all is Florence herself. She deserves to be.

## AN INCIDENT

*Reported by a nurse in the Division of Child Welfare and Public Health Nursing,  
State Department of Health, West Virginia*

**T**O a County towered over by three parallel ridges of mountains, where not a railroad ventured nearer than thirty miles of the county seat, where the elements frequently cause one to bow in submission, came a little Red Cross Public Health Nurse, one with a sympathetic knowledge and understanding of rural conditions. Here she met with kindly mountain and valley folk, who quietly carried on their existence in tilling the soil and grazing their stock, and where from time to time the hills gave "evidence to secretive occupation as moonshining." Upon the surface, the County gave every indication of being happy, contented, without any gross evidence of the need for the ministering hands of such a visitor. However, before very long her need was fully realized.

One day, while jogging along on horseback over a rough, narrow road, away up in one of the "hollers," she came upon a little sightless child, whose mother had been swept away by the great ravage of influenza, and whose father, a typical mountaineer, was caring for a large family of sisters and brothers, as well as tending a small, meagre farm. "Little Jennie" during her thirteen years, had attended only two terms in the one-room school, but had developed great yearning to go beyond the confines of the little school house. Jennie and the nurse soon were on very friendly terms and both finally decided that they would go far away from the mountains to visit a wonderful "Eye Doctor." It was an expensive undertaking. However, through the conscientious efforts of her school teacher, the countryside turned out to hold a "box supper," and a neat sum was obtained.

Some weeks later Jennie, accompanied by the nurse, visited an eye specialist, who, however, after a careful examination, advised the nurse to take the child to another specialist, one still greater and more skillful than himself. The delicate task of restoring Jennie's vision, and the opening up of a new world to her, was worth any price to Jennie and to her father. A long trip loomed up before the nurse and Jennie, but, undaunted, they resolved to carry on.

When Jennie boarded the train that was to pull her out of the pocket in the mountains, where she had spent her thirteen years, various queer feelings of awe and curiosity were aroused in her. What a new world she would find paralleling the two strips of steel that would guide the train carrying her to the Land of Promise! Working its way out of the valley, the train pierced certain hills, causing alternate periods of darkness and light, long tunnels that seemed as if the end would never come. Patiently one waits until

once more the clear sunlight peers through the windows. But how much sadder was this for Jennie. The whole journey to her was like a long, interminable tunnel. Her sightless eyes gave her no impression of the country which she passed by so swiftly. However, at the end of the long tunnel lay the hospital, and possibly light, light that for many years had been denied her.

Jennie followed the nurse down through the town up to the large stone building. Inside everything was painted white, bright and cheery, but to Jennie it was only a dark hole bounded by walls, as the tunnel had been bounded by rocks. Upon the second floor they stopped, and Jennie was soon under the care of the physician in one of the spacious rooms.

Some time later the doctor and the nurse carefully removed the bandages from her eyes, and slowly the realization of a new sensation, one she had never experienced before, held her rigid. Slowly the words came: "Yes, sir, Doctor, I can see *youse hand*." What a wonderful thing! After living so many years in utter darkness, the rising sun and moon, the change of the leaves in the Fall, the twitter of the birds, the budding of leaf and flower, now meant something beautiful to Jennie. Crowding in on Jennie came those impressions which year by year you and I have first enjoyed, then placed among those things called "habits." But to Jennie this never-ending film of nature pictures completely fill the child with awe and reverence.

Back they went to the pocket in the mountains, Home, the place loved, the place of good cheer, but so long only one of darkness. But now came cheer and light. Faces *known so long only by touch and sound* became living, smiling faces. What a home-coming! Everyone had heard of the miracle, and in their humble way had arranged a "Taffy Pullin'" in honor of Jennie. Everyone turned out, but most important of all were the father, the daughter and the nurse. Each occupied a warm spot in the hearts of the villagers. Would the village ever part with any of them? No, each became a part of the village, and every stranger coming across the hills hears the story of the vigilant nurse and the miracle performed on Jennie.

## ITEMS

THE *Statistical Bulletin* of the Metropolitan Life Insurance Company for October (one of the most valuable bulletins, by the way, to keep one generally informed as to the trend of health and disease) asks "What is the significance of the remarkable increase in the number of deaths from typhoid fever during the months of August and September of this year? The first six months of the year closed without any indication of a check in the rate of decline for this cause of death. \* \* \* Unless there is a change in the present situation, the year 1921 will close with a higher death rate for typhoid fever than did 1920.

\* \* \* The facts for the last few months indicate that there has been a slackening in the control of this disease. \* \* \* This check in the decline of the death rate is a source of great disappointment and suggests further inquiry as to what is at the bottom of the change."

The article proceeds to enumerate possible reasons of slackening control and concludes: "We have, with good reasons, begun to look upon typhoid fever as a vanishing disease. It is obvious that there is still much work to be done, unless we are willing to continue in the unsatisfactory condition of either a stationary or a rising death rate from typhoid fever."

**T**HE Bi-Weekly reports on Health Legislation prepared by the National Health Council of which we spoke in a recent number are available for non-members of the Council. A descriptive leaflet can be obtained from the offices of the National Health Council, 411 Eighteenth Street, N. W., Washington, D. C.

The Summary for October 6th, 1921, contains the following report on Government Nursing Activities for Ex-Service Men prepared at the special request of the N. O. P. H. N., from which we quote:

"At the present time there are 214 registered nurses employed by the United States Veterans' Bureau in the care of ex-service men throughout the country. These nurses are known as "follow-up nurses" and are not employed in hospitals in the care of ex-service men, but visit the men at their homes or at other places to which they may have gone following their departure from Government hospitals. There is need for a total of 300 such nurses at the present time and plans are under way in the Veterans' Bureau to employ 86 additional nurses for this work.

"These nurses are under the direct jurisdiction of the Veterans' Bureau and their employment has begun since the creation of the Bureau under the Sweet Bill (August 9, 1921). They are appointed after taking a Civil Service Examination. The examination consists largely of filling out the application blank, showing qualifications, training and experience of the applicant and the papers are graded upon the facts shown therein.

"The circular of information describing the duties of these 'follow-up nurses' states that they are:

- a. To make reports periodically on such men as are suffering from disabilities which are liable to become aggravated.
- b. To visit and report on men absent from training on account of illness.
- c. To give advice to trainees regarding sanitary conditions.
- d. To render reports on men who break down while in training.

"There are 1,720 nurses directly under the jurisdiction of the United States Public Health Service who are engaged in the care and treatment of ex-service men in Government Hospitals. These nurses are paid out of the funds of the United States Public Health Service. Under the Veterans' Bureau Law jurisdiction is given to the Veterans' Bureau to exercise supervisory authority over these hospitals.

"There are about 1,500 additional nurses employed in institutions which have contracts with the United States Health Service to care for ex-service men. These institutions include National and Military Homes and private hospitals throughout the country. Such nurses are directly under the jurisdiction of the management of these individual institutions. Under the Sweet Law the Veterans' Bureau exercises supervisory authority over them in their care and treatment of ex-service men."